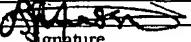




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Name: <u>Anna Massiou</u>	<u></u>	<u>11/09/06</u> Date
<u>Signature</u>		

Date: 11/09/06

Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

In re: Application of: Berman, et al.  
Serial No.: 10/632,991  
Filed: 08/01/2003  
For: "Method and System of Monitoring a Patient"

Attorney Docket No. MEDO-P001 CONT  
Examiner: Winakur, Eric Frank  
Art Unit: 3768

**Re: Request for Withdrawal as Attorney**

To Whom It May Concern:

Please find enclosed Form PTO/SB/83 for the above-referenced patent application.

Also enclosed is a return postcard. It is respectfully requested that the attached postcard be stamped with the filing date of the above documents and returned to the addressee as soon as possible.

Should you require any additional information or have any questions, please feel free to contact me. Thank you.

Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

Sincerely,

JAMES HARRIS  
JAMES HARRIS  
Registration No. 52995  
Fernandez & Associates, LLP  
Customer Number: 22877



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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/632,991
Filing Date	08/01/2003
First Named Inventor	Herbert L. Berman
Art Unit	3768
Examiner Name	Winakur, Eric Frank
Attorney Docket Number	MEDO - P001 CONT

**To: Commissioner for Patents**

P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

**CORRESPONDENCE ADDRESS**

1.  The correspondence address is NOT affected by this withdrawal.  
 2.  Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Levine Bagade Han LLP			
Address	2483 East Bayshore Road Suite 100			
City	Palo Alto	State	CA	Zip 94303
Country	U.S.A			
Telephone			Email	
Signature				
Name	James Harris		Registration No.	52995
Date	11/9/06		Telephone No.	(650) 325-4999

*NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.